STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	040071	A. BUILDING _____ B. WING _____	R-C 01/17/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
JEFFERSON REGIONAL MEDICAL CENTER	1600 WEST 40TH AVENUE PINE BLUFF, AR 71603

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
{A 000}	INITIAL COMMENTS A desk review survey was conducted on 01/17/18 for all previous deficiencies cited on 12/19/17. All deficiencies have been corrected, and no new noncompliance was found. The facility is in compliance with all regulations surveyed. The provider was in compliance with 42 CFR Part 482, Requirements for a Hospital.	{A 000}		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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A 000	INITIAL COMMENTS On 12/19/17 at 9:00 AM, an entrance conference was conducted with Facility Representatives. The Facility was informed the purpose of the visit was to conduct a Medicare complaint investigation. On 12/19/17 at 12:00 PM, an exit conference was conducted with Facility Representatives. The findings of the survey were discussed. The Facility Representatives were given an opportunity to present additional information. No additional information was provided.	A 000	A131 Patient Rights: Informed Consent 482.13(b)(2) A. One on one education was provided to the registrars, quality control clerks, and financial clerks by the Admissions Coordinator on the importance of all paperwork being signed electronically or signed on paper and scanned into the chart. (Attachment A)	Completion Date 1/12/2018
A 131	PATIENT RIGHTS: INFORMED CONSENT CFR(s): 482.13(b)(2) The patient or his or her representative (as allowed under State law) has the right to make informed decisions regarding his or her care. The patient's rights include being informed of his or her health status, being involved in care planning and treatment, and being able to request or refuse treatment. This right must not be construed as a mechanism to demand the provision of treatment or services deemed medically unnecessary or inappropriate. This STANDARD is not met as evidenced by: Based on clinical record review and policy and procedure review it was determined the facility failed to ensure one (#3) of 10 (#1-10) Patients received their notification of patient rights or consent for treatment. Failure to provide notice of the patient's rights created the potential of not allowing the patient to understand their rights as a patient, the grievance process, and where to lodge complaints. The failed practice affected Patient # 3. Findings follow:	A 131	B. All quality control clerks and team leaders were instructed by Admissions office management to begin checking all cases assigned to them for consent and pt rights signatures. These items were added to the QC Checklist and Admissions management will audit 100% of the QC checklists the week of 1/8/18, 75% of the checklists the week of 1/15, 50% of the checklists the week of 1/22, and random audits will continue thereafter. (Attachment B) C. Additional education will be provided to all admissions staff by the admissions director/coordinator on the necessity and reason behind the signatures on the admissions paperwork. JAN 12 2018	1/29/2018 1/31/2018

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

CEO 1-11-18

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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A 131	Continued From page 1 A. Review of Patient # 3's clinical record revealed no Patient Rights notification for admission on 10/05/17. B. Review of policy and procedure titled Patient Rights and Responsibilities showed, The Patient Rights and Responsibilities will be given to each patient and/or patient representative during the registration process. C. During interview with the Assistant Vice President of Patient Care Services on 12/19/17 at 11:55 AM the findings in A and B were verified.	A 131	D. A 100% audit of the daily census will be done by the Admissions Director/Coordinator beginning 1/8/2018 to ensure that paperwork is being completed in a timely manner. The week of 1/15/2018, an audit of 75% of the charts will be done. The week of 1/22/18, an audit of 50% of the charts will be done and a random audit of newly admitted patients charts will continue after that. E. A new process will be put in to place with the Admissions staff that after 3 unsuccessful attempts in getting the consent/pt rights paperwork completed by the patient or family, the Admissions staff will escalate the issue to the Admissions management team so that follow-up with the Case Management/Social Work team can be completed.	1/29/2018 New process in place by 1/12/2018

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE 01/11/2018

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